

Entered -06-12-00 - sb
CL 00L0356 - GWENDOLYN BURNS

00- *R* -1628

CLAIM OF: **MICHAEL R. GALAMBOS**
763 Byrnwyck Road
Atlanta, Georgia 30319

For damages alleged to have been sustained as a result of a sink hole in the roadway that was left in an open and unsafe condition on April 24, 2000 at the intersection of Peachtree Road, NE & Bolling Way, NE..

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0356

Date: September 26, 2000

Claimant /Victim MICHAEL R. GALAMBOS
BY: (Atty) (Ins. Co.) _____
Address: 763 Byrnwyck Road, Atlanta, Georgia 30319
Subrogation: _____ Claim for Property damage \$ 533.31 Bodily Injury \$ _____
Date of Notice: 6/1/00 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 4/24/00 Place: Peachtree Road, NE & Bolling Way, NE
Department PUBLIC WORKS Division: STREET
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that his vehicle sustained damage when he drove through a sink hole in the roadway that was under construction and left in an unsafe condition. An investigation determined that Media One performed work at the incident location. Claimant has been advised of same and his claim has been forwarded to Media One for resolution.

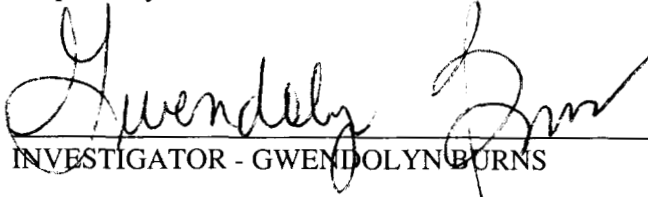
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

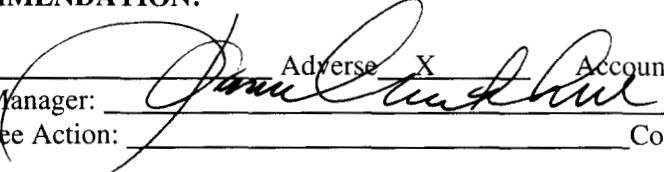
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 09-29-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

BURNS

06/09/00

Don

* Today's Date: 5/23/00

Delay in mailing due to
obtaining appropriate form!!

Dear Municipal Clerk:

06-01-00 A10:50 IN
ENTERED - 6-12-00 - SB
00L0356 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 533.31 property and/or
\$ 0 bodily injury for which I contend the City is liable. See copy of repair invoice.

1. Date of incident: 4/24/00 2. Time of Incident: 9:15 PM 3. Police called: X
(month/day/year).

Incident # 001152055
Yes No

4. Location of incident (including street address): 3111 Peachtree Rd at intersection Bolling Rd and
Peachtree Rd

5. Name of your insurance company: Allstate Policy No. 045 044240 09/13

6. State what and how incident occurred: Driving North on Peachtree Rd @ 9:15 PM
when my car entered a large hole created by construction
which was unmarked and uncovered. The (R) Front wheel
rim was bent and tire immediately flattened. Hole was in
Right hand lane of Peachtree Rd

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL
RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of
repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Maxima 98 2276 SP Michael R. Galambos
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: D/A
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: * Horace Scott III 360 Englewood Ave Atlanta 404-624-0755
(Name) (Address) (Telephone Number)
City of Atlanta Roads & Highways Employee

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by
State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

Michael R. Galambos
Signature of Claimant

Michael R Galambos
(Print Claimant's Name)

763 Brynnyck Rd
(Address)

Atlanta, Ga. 30319
(City, State and Zip Code)

00-R-1628

404-355-3200
(Work Number)

404-252-3283
(Home Number)